| DATE           | APPLICATION NUMBER |
|----------------|--------------------|
| DOC CODE ANTI- | DOC DATE SOUND?    |

## DELIVER THE ATTACHED FIFLE/DOCUMENT TO THE TC SCANNING CENTER

CONTRACTOR: THE ATTACHED FILE/DOCUMENT MUST BE INDEXED AND SCANNED INTO IFW WITHIN 8 WORK HOURS; UPLOADING OF THE SCANNED IMAGES SHOULD OCCUR NO LATER THAN 16 WORK HOURS FOLLOWING RECEIPT OF THIS REQUEST

AFTER SCANNING, ORIGINAL DOCUMENTS SHOULD BE BOXED IN ACCORDANCE WITH INSTRUCTIONS

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s):

WAGONER et al.

Serial No.:

10/766,603

For:

TRANSFER CIRCUIT TOPOLOGY FOR REDUNDANT POWER

GENERATOR REGULATORS AND INVERTING DC DRIVES

Filed:

January 27, 2004

Examiner:

Cavallari, Daniel J.

Art Unit:

2836

Confirmation No.:

3390

Customer No.:

27.623

Attorney Docket No.: 03GP9129

Mail Stop AF COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir.

## AMENDMENT TRANSMITTAL

We are enclosing an Amendment in response to the communication dated May 16, 2007 in the above-identified application.

Petition for extension of time pursuant to 37 C.F.R. §§ 1.136 and 1.137 is hereby made if, and to the extent, required. The fee for this extension of time is calculated to be \$\_\_\_\_\_ to extend the time for filing this response until \_\_\_\_\_\_.

The fee for any change in number of claims has been calculated as shown below.

|                             |                                  |             | LAIMS AS              | AMEND         | ED               |            |               |
|-----------------------------|----------------------------------|-------------|-----------------------|---------------|------------------|------------|---------------|
|                             | Claims Remaining After Amendment |             | High<br>Num<br>Previd | nber<br>nusly | Present<br>Extre | Rate       |               |
| Total<br>Claims             | 5                                | Minus       | 30                    |               | 0                | × 550.00   | \$0.00        |
| Independent<br>Claims       | 1                                | Minus       | 3                     |               | 0                | x \$200.00 | \$0.00        |
| MULT                        | IPLE DEPENDEN                    | T CLAIM FEE |                       |               |                  | 0 x \$36   | 0.00 = \$0.00 |
| TOYAL FEE FOR CLAIM CHANGES |                                  |             |                       | \$0.00        |                  |            |               |
| 1/2 FILING FEE              | FOR SMALL ENT                    | ΠY          |                       |               |                  |            | \$N/A         |